



WEMMH PTO/SB/22 (7/05)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 22076-3
Application Number 10/623,145	Filed July 18, 2003	
For ORAL CARE CHEW PRODUCTS AND		
Art Unit	Examiner	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

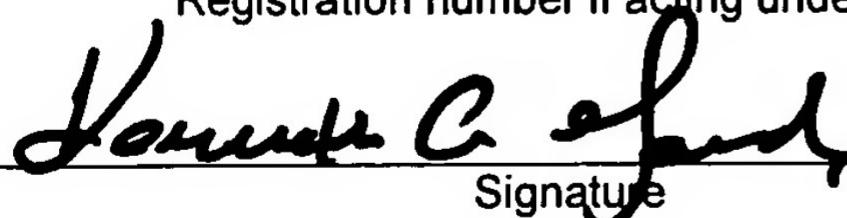
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ 60
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____
<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____
 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet.			

WARNING: Information on this form may become public. Credit card information should not be included on this form.
Provide credit card information and authorization on PTO-2038.

I am the Applicant/inventor.

- Assignee of record of the entire interest. See 37 CFR 3.171.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- Attorney or agent of record. Registration Number: 33,386
- Attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a): _____


Signature

August 4, 2006

Date

Kenneth A. Gandy

(317) 634-3456

Typed or Printed Name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

- *Total of _____ forms are submitted.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$60.00)

Complete if Known	
Application Number	10/623,145
Filing Date	July 18, 2003
First Named Inventor	STOOKEY, George K.
Examiner Name	SAYALA, Chhaya D.
Art Unit	1761
Attorney Docket No.	22076-3

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments.

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
x	=0

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	=-3	x	=0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	= /50	(round up to a whole number)	x	0

4. OTHER FEE(S)

Request 1 month extension of time (small entity)

Fee Paid (\$)
60.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,386	Telephone	(317) 634-3456
Name (Print/Type)	Kenneth A. Gandy			Date	August 4, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:

Name (Print/Type)	Kenneth A. Gandy
Signature	

Date August 4, 2006